

PERMIT # _____
ISSUED on _____ 20 _____



STORAGE TANK PERMANENT CLOSURE PERMIT

Applicant Fill out the Following: (check which applies)

- Removal ☐ Abandon ☐ Quantity of Tanks # _____

Material Stored in Tank: (check all that applies)

- Flammable or Combustible Liquid Tank ☐ (#2 Fuel Oil) ☐ Other ☐ _____

OR

- Liquefied Petroleum Gas ☐ (*EXEMPT* LPG tanks with less than 121 gallons aggregate)

Application is hereby made for permission to permanently close a storage tank as described above, the same to be in all aspects of the regulations of the State of Connecticut, and the Town of Darien.

THESE DOCUMENTS ARE REQUIRED: SITE SKETCH ☐ CT CERTIFIED LAB. SOIL ANALYSIS ☐

Location / Address of closure _____

Name of Business operating at closure address _____

Owner of Business operating at closure address _____

Size of Storage Tank(s) _____ gallons Tank Construction: Steel ☐ Fiberglass ☐ Other ☐ _____

Name of State Licensed Contractor _____

License # and Type _____

Signature of Applicant _____ Closure Contractors Name: _____

Date of Removal _____ 20 _____ Contractor's Address: _____

Town, State Zip _____

Fire Marshal Office Use:

Land Owner _____ Map / Lot # _____ Contamination Y ☐ N ☐

Clean Up Contractor _____ Address _____

Compliance _____ 20 _____ AS PER CERTIFIED LABORATORY RESULTS

NOTE: Any Contamination Found must be reported to CT Department of Environmental Protection and this office. PERMIT MUST BE OBTAINED BEFORE COMMENCING WORK. FILING AFTER BEGINNING WORK WILL BE ASSESSED A PENALTY - PERMIT FEE DOUBLED!

Don't forget to CALL BEFORE YOU DIG (800) 922-4455